

# **MAJOR REVISIONS CONTAINED IN THE REVISED SERVICE RECORDS MANUAL**

**EFFECTIVE SEPTEMBER 1, 2003**

**Required Elements (Chapter 1):** Standard forms are no longer required. Providers may develop forms which reflect the required elements as specified in the manual.

**Exception:** The plan of care and cost summary located in the CAP-MR/DD manual shall continue to be used for CAP-MR/DD consumers.

**Revised Reporting Requirements (Chapter 1):** This section represents the revisions that have been made to the LOE reporting requirements. These are the same revisions contained in the October 4, 2002 memo to Area Directors from Richard J. Visingardi, Ph.D.

**Medical Necessity (Chapter III):** This section specifies the methods that may be used to establish medical necessity.

**Service Orders (Chapter III):** Standard service order form is no longer required. Requirements for ordering services are located in this Chapter. This section also applies to the ordering of CAP-MR/DD services. Ordering outpatient specialized therapies requirements are also included in this Chapter.

**Authorization (Chapter III):** This section specifies the requirements for the authorization of services by an external reviewer. For services that do not require authorization by an external reviewer but per service definition requires authorization/utilization management, the LME/area program is required to develop a policy which establishes an internal process.

Area program/LME policies for authorization/utilization management shall incorporate local approval timelines as established for waiver services.

**Screening (Chapter IV):** An individual may have up to six screening contacts within the fiscal year before the individual is admitted as a consumer.

**Assessment (Chapter IV):** Information gathered during the screening process or by other means such as discharge summaries, evaluations, etc. may be used to meet the assessment requirements if the information referenced is still accurate.

**Evaluation/Assessment Requirements for Infants and Toddlers (Chapter IV) (These revisions represent changes in the Federal Law. These revisions are also included in the North Carolina Infant and Toddler Program Manual.):** The evaluation/assessment is conducted by persons trained to utilize appropriate methods and procedures.

**Contents of Individualized Service Plan (Chapter V):** This Chapter provides guidance regarding when a minor shall sign the Service Plan.

**Review/Revision of the Service Plan (Chapter V):** For non-CAP-MR/DD consumers, the service plan is not required to be re-written every 12 months.

**Exception:** For CAP-MR/DD consumers, a new plan shall be completed annually during the recipient's birthday month.

This Chapter also contains requirements regarding the review/revision of the service plan for outpatient specialized therapies.

**Individualized Service Plan for Infants and Toddlers (IFSP)(Chapter V)(These changes represent the revisions in the Federal Law. These revisions are also included in the North Carolina Infant and Toddler Program Manual.):** The reference in the Individuals with Disabilities Education Act has been changed from Part H to Part C.

Participation in the initial development process for the IFSP includes participation by the surrogate parent, if one was required.

Early intervention services for a child and family may commence before the completion of the evaluation/assessment and development of the initial IFSP, if the following conditions are met: parent consent is obtained; an interim IFSP is developed that includes the name of the service coordinator who will be responsible for implementation of the interim IFSP and coordination with other agencies and persons, the early intervention services that have been determined to be needed immediately by the child and the child's family, outcomes related to those services, and suggested activities that could be carried out by the family; and the evaluation/assessment and the initial IFSP are completed within forty-five days of referral to the Infant-Toddler Program.

**Review of the Individualized Service Plans for Infants and Toddlers with or at Risk for Developmental Disabilities, Delays, or Atypical Development (Chapter V) (These changes represent revisions in the Federal Law):** The IFSP semi-annual review and the annual meeting shall include participation by the surrogate parent, if one was required.

If one of the required participants cannot attend a meeting, arrangements shall be made for the person's involvement through other means.

**Contents of a Service Note (Chapter VI):** Professional signatures shall include their credentials, degree, OR licensure of the clinician who provided the service.

Paraprofessional signatures shall include the position of the individual who provided the service.

The completion of a service note or grid to reflect services provided shall be documented within 24 working hour.

Note: A contact log is no longer an option for documenting services.

**Case Management (Chapter VI)**-A case management activity log may be used to reflect case management activities. Initials may suffice for the signature if each page of the case management activity log includes the signature and credentials, degree or licensure of the case manager with corresponding initials of the case manager.

**Frequency of a Service Note (Chapter VI):** The following CAP-MR/DD services are considered periodic services and follow the requirements as specified in this section: crisis stabilization, family training, and therapeutic case consultation.

**Grid (Chapter VI):** The grid as specified in this Chapter may ONLY be used for the following services: Day Habilitation, Supported Living, Supported Employment (CAP-MR/DD), Residential Treatment (Level I) and Residential Treatment-Family Type (Level II)

**Exceptions to Service Note Requirements (Chapter VI):** For the following services, the date of service, duration of service, task performed and signature are required to be documented daily to reflect the service provided: Personal Assistance, MR Personal Care (unless provided by a home care agency that is following their home care licensure rules), In-Home Aide (unless provided by a home care agency that is following their home care licensure rules), Interpreter Services, Adult Day Health Care Services, CAP-MR/DD Respite (Hourly, Community, Non-institutional, Nursing).

Institutional respite shall follow the State Mental Retardation Centers documentation requirements.

**Substance Abuse Services Record for Child and Adolescent Selective and Indicated Prevention Services (Chapter VII):** This section specifies the requirements for all children and adolescents receiving substance abuse selective and indicated prevention services.

**Corrections in the Consumer Record (Chapter VIII):** This section requires agencies that utilize an electronic consumer record develop procedures for staff to follow whenever a correction is necessary in the consumer's record.

**Signatures and Countersignatures (Chapter VIII):** This section specifies the standards that shall be followed if an electronic signature is used.

**Therapeutic Leave (Chapter IX):** This section specifies the documentation requirements for therapeutic leave.

**Tangible Supports (Chapter X):** This section specifies for tangible supports the documentation requirements.

**Respite Services (Chapter XI):** This Chapter specifies the documentation requirements for Respite Services (non-CAP-MR/DD consumers). As noted in this section, for non-CAP-MR/DD consumers, a specific service plan is not required for respite care.

**Privacy and Security of Records (Chapter XIII):** The policies/procedures required in the Safeguards section includes safeguards for not only paper records but also confidential information contained in computers.